

DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC

Mailing/Billing:
P.O. Box 165
Avonmore, PA 15618

Phone: 724.567.8988



Practice Location:
276 PA-156
Avonmore, PA 15618

Fax: 724.567.8989

Email: info@divineinteractionsefw.com

Self-Pay Insurance Waiver

DATE OF SERVICE: _____

I, _____ have chosen to be a self-pay client at Divine Interactions Equine Facilitated Wellness, LLC due to the following reason: (Please check below)

- 1) _____ I do not have insurance.
- 2) _____ Due to privacy concerns with my insurance provider.
- 3) _____ I will be seeing a non-participating provider with my insurance.
- 3) _____ Other (Please explain): _____

PROCEDURE CODE: _____ COST\$ _____

I understand that I will be responsible for payment on all services rendered at Divine Interactions Equine Facilitated Wellness, LLC starting with the first date of service (payable by cash, check, or credit card (all major cards accepted)).

Client Signature (If Over 14)

Date

Parent/Legal Guardian Signature (If Client is Under 18)

Date